



PATIENT

Pepper Olsakowski

SPECIES

Canine

BREED

Havanese

SEX

Spayed Female

AGE

12

WEIGHT

11.2

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

Dr. Maniar

INVOICE

71517

DATE

11/3/25

PRESENTING CLINICAL SIGNS

prev u/s 10/22 re checking heart after being on meds for about 2 weeks . Owner reports doing much better energy levels have increased Current meds Enalapril 2.5 mg 1 SID Vetmedin 5 mg 1/2 BID Spirolactone 25mg 1/4 BID

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (M-Mode)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	Up to 1.6	28-40	40-100	<0.6
PATIENT	5.7	<2.0	NM	1.7	45	78	0.2
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT	LAD LA MAX 4 Chamber	LVIDd Avg; 2D and m-mode short axis (cm)	LVIDs Avg; 2D and m-mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
PATIENT	NM	1.0	0.7	11.2	3.1	3.1	--

Cardiac Presentation

The echocardiogram in this patient demonstrated moderate increased **left atrial** size based on 2 different LA measurement methods. Emerging intraatrial septal deviation owing to moderate LA enlargement. The cranial and caudal **mitral** valve leaflets presented thickening consistent with endocardiosis. Mild valvular prolapse noted. Doppler indicated measurable moderate eccentric insufficiency. The **left ventricle** presented thicknesses with increased LV dimension. The **myocardium** presented normal echogenicity without subjective evidence of significant fibrotic or ischemic disease. **Contractility** of the ventricular walls was adequate and in normal range for this patient evidenced by the fractional shortening measurement and subjective evaluation of the different regions of the myocardium. The **left ventricular outflow** tract demonstrated normal laminar flow and subjective structural integrity. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted or chamber overload. **Tricuspid** valvular assessment demonstrated mild thickening with mild TR on doppler. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonic** tract assessment revealed normal valve structure, laminar flow, and diameter (approx. 1:1 pa/ao ratio). No visible **pericardial** or free pleura fluid was noted. No echographically detectable evidence of cardiac / pericardial tumors was visible.

ULTRASONOGRAPHIC FINDINGS

- Static chronic mitral valve disease with mild valve prolapse (B2).



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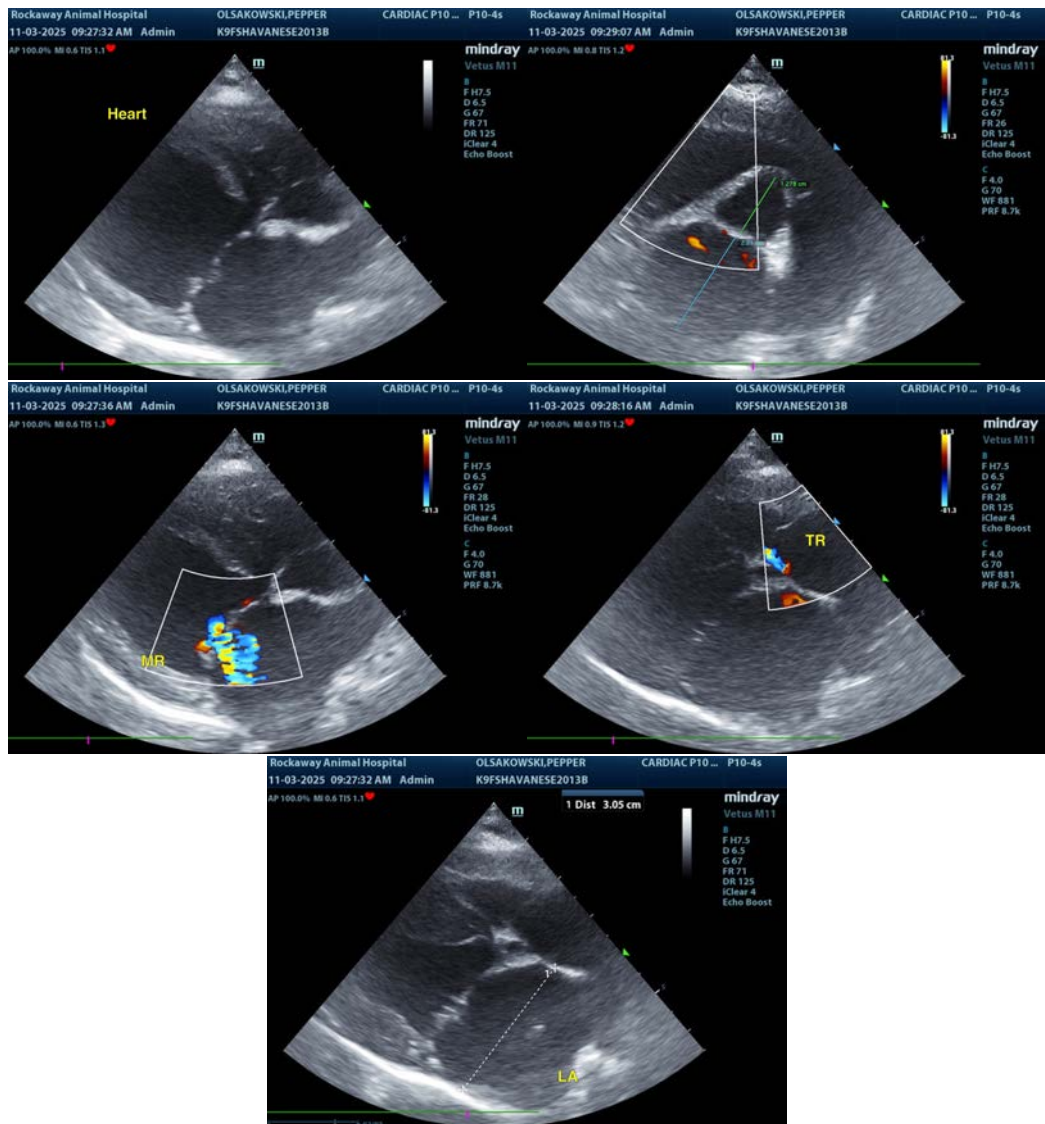
DATE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Continued current medication recommended, given improvement and clinical signs. Concurrent as-needed respiratory support, and anti-tussive medication (hydrocodone), if indicated, may prove beneficial. Baseline monitoring of resting respiration rate going forward is recommended. Recheck echo suggested in 6 months, sooner if clinical signs progress i.e., elevated resting respiration rate, exercise intolerance, etc. Anesthetic risk is moderate. If required, the following protocol is recommend with judicious peri anesthetic IV fluid administration and close monitoring.

Suggested anesthetic protocol may include opioid or Benzodiazepine pre-med, induction with Propofol or Alfaxalone, and appropriate gas anesthesia with avoidance of alpha 2 agonists.





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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com